

# NCTP

## NATIVE COUNSELLOR TRAINING PROGRAM

# APPLICATION FORM

## GOALS

- To be knowledgeable about the profession of counselling and competent in implementing culturally appropriate counselling techniques
- To provide opportunities for specialization in the techniques and process of education counselling
- To be knowledgeable about theories of counselling, career development, various cultural teachings, academic and person support

----- **ALL ANSWERS ARE REQUIRED** -----

*This form can be filled out on a computer using the text boxes or can be printed and filled out by hand.  
Please use a pen and print clearly if filling by hand.*

Full Name \_\_\_\_\_

I am an ONECA member Yes  No

Email \_\_\_\_\_

Home phone \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

First Nation/Community \_\_\_\_\_



**Address** (Please provide your home and/or work address for delivery of course materials)

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**I am currently employed**    Yes     No

**Current Role or N/A** \_\_\_\_\_

**Employer or N/A** \_\_\_\_\_

**I have completed** (check applicable)

- Part 1
- Part 2
- Part 3
- This is my first course

**Admission requirements** (check the applicable statement)

- Ontario Secondary School Diploma
- Successful completion of Grade 11
- Successful completion of GED and at least 5 years
- Mature student with a recommendation from either a First Nation Administrator or an official of the Indigenous Organization (letter included)



**Other Academic Qualifications - Diploma/Degree Obtained**

(Graduation Date, Subject)

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**Special needs / assistance required**    Yes     No

If YES, please provide details:

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# CONSENT TO SHARE PERSONAL INFORMATION

Personal information on this form is collected under the Freedom of Information and Protection of Privacy Act as it relates directly to and is necessary for determining your eligibility for the NCTP program through ONECA. If you have any questions about this collection of personal information you may contact the Coordinator of the NCTP program.

I \_\_\_\_\_ understand that to administer, monitor and evaluate my NCTP training, ONECA may need to collect or provide personal information about me to:

- My current and former employers.
- Training providers or past workplaces that have provided technical training or work experience to me.
- Government officials responsible for certification programs and funding streams in Ontario and/or Canada.
- Other provincial government education branches, schools, school divisions to verify education credentials.
- Ministry of Education, other government funding bodies and or First Nation governments to assist in obtaining financial support and/or verifying progress, enrichment, or any ancillary items related directly to me.
- Emergency contacts or alternate contacts.

**I understand the “Consent to Share Personal Information” and I hereby make application for The NCTP program, and I declare that:**

- The information I have provided is true and complete in all respects and that I have not withheld any relevant information.
- I will notify ONECA of any subsequent changes in the information contained on this application.
- I will notify ONECA of any change of employer during my training.

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Applicant signature

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Date:

**TIP!** If using Adobe Acrobat, click **SIGN** at the top of the page. Next, click **FILL & SIGN** to add a digital signature.



# ABSTINENCE AGREEMENT

## NCTP ALCOHOL & DRUG USE POLICY

The NCTP creates a healthy community life for all students, staff and our families. One of the integral aspects of that community life is the agreement by all community members to abstain from drugs and alcohol (other than those prescribed by a physician) during the 5- week period of the program.

This commitment enhances our atmosphere of respect and healing while at the same time guides us on a healing path and acknowledges our position as role models and helpers. In recognition of the above and in keeping with past recommendations of students and staff, we ask that all Program Team Members, students and guests sign this Abstinence Agreement to solidify our commitment and direction throughout the program.

**I acknowledge my obligation to remain drug and alcohol free throughout the entire duration of the program. Further, to support the NCTP community, I also acknowledge and agree to bring to the attention of the Program Coordinator any infractions in order to protect the positive and responsible environment we are attempting to create.**

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Applicant signature

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Date:

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# CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, hereby declare I will hold in confidence any information that comes to my attention related to any Student or Program Team Member of the Native Counsellor's Training Program during my participation in the program. I agree not to disclose any information regarding meetings, counselling sessions or the affairs of the Ontario Native Education Counselling Association.

Check applicable:

Student Applicant  NCTP Program Team Member

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date:

Witness Name \_\_\_\_\_

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date:

TIP! If using Adobe Acrobat, click SIGN at the top of the page. Next, click FILL & SIGN to add a digital signature.



# REQUIRED DOCUMENTS

All applicants must provide the following documents with their completed application:

- |  |   |
|--|---|
| <input type="checkbox"/> A copy of transcripts         | <input type="checkbox"/> Vulnerable Sector Check                        |
| <input type="checkbox"/> Three letters of reference    | <input type="checkbox"/> Consent to Share Personal Information (page 4) |
| <input type="checkbox"/> Personal biography            | <input type="checkbox"/> Abstinence Agreement (page 5))                 |
| <input type="checkbox"/> Criminal Records Check (CPIC) | <input type="checkbox"/> Confidentiality Agreement (page 6 )            |

# APPLICANT STATEMENT

- I am applying to the Council for admission as a Student of the Native Counsellor Training Program (NCTP) with this application and confirm that the information I provide is true and complete.
- I understand that the completion of this application does not constitute approval into the program.
- If my application is approved, I understand and agree: to conform to the policies of the NCTP program and any traditional protocols as now exists, or as may in future be altered, amended or enlarged, and I will, to the best of my ability, promote the objects of the NCTP program.

**I agree**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TIP!** If using Adobe Acrobat, click SIGN at the top of the page. Next, click FILL & SIGN to add a digital signature.

# FINAL STEP

**Email or Mail this application and supporting documents to:**

NCTP Coordinator  
37 A Reserve Rd, Box 220  
Naughton, ON. P0M 2M0

[nctregistration@oneca.com](mailto:nctregistration@oneca.com)

**For questions or support contact us at:** [nctregistration@oneca.com](mailto:nctregistration@oneca.com) or 705-351-1184

